

Maryland Active Assailant Interdisciplinary Work Group

September 14, 2022



Agenda

- ❖ Call to Order
- ❖ Subcommittee Update
- ❖ Emergency People Search & Recovery Guidance Document
- ❖ Subcommittee Reorganization
- ❖ MCAC Briefing (Working Lunch)
- ❖ Nomination for Fire/EMS Vacancy
- ❖ Creation of a Statewide Distribution List
- ❖ Action Item Review
- ❖ Closing Remarks & Adjourn



Call to Order

- ❖ **Sgt. Travis Nelson, Co-Chair, MD AAIWG**
- ❖ **Mr. Randy Linthicum, Co-Chair, MD AAIWG**
 - Introductions
 - Approval of Meeting Minutes from May 3, 2022



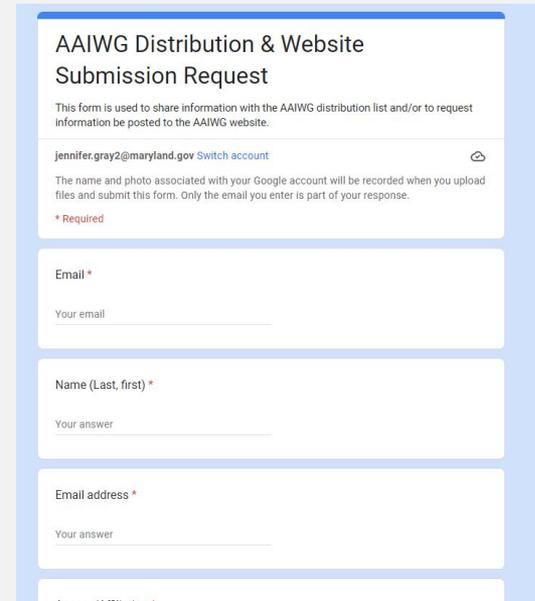
Subcommittee Update

- ❖ **Ms. Jennifer Gray, Contract Support - Tetra Tech**
- ❖ **Ms. Katie Bryson, Contract Support - Tetra Tech**
 - Website
 - Community Outreach
 - Emergency People Search & Recovery (EPS&R)
 - First Responder Guidelines
 - Symposium



Website

- ❖ Assigning subcommittee members to review resources
- ❖ AAIWG Distribution and Website Submission Form developed
- ❖ Working with DoIT for Google Analytics
- ❖ Next meeting: 9/30



AAIWG Distribution & Website Submission Request

This form is used to share information with the AAIWG distribution list and/or to request information be posted to the AAIWG website.

jennifer.gray2@maryland.gov [Switch account](#)

The name and photo associated with your Google account will be recorded when you upload files and submit this form. Only the email you enter is part of your response.

*** Required**

Email *

Your email

Name (Last, first) *

Your answer

Email address *

Your answer



Community Outreach

- ❖ Working on Editorial Calendar templates
- ❖ Will be working on press release templates
- ❖ Next meeting: 9/21

Press Release | Active Assailant Interdisciplinary Work Group

May 25, 2022



Active Assailant Interdisciplinary Work Group

FOR IMMEDIATE RELEASE: May 25, 2022

Maryland Resources Available for Preventing and Preparing for Active Assailant Events

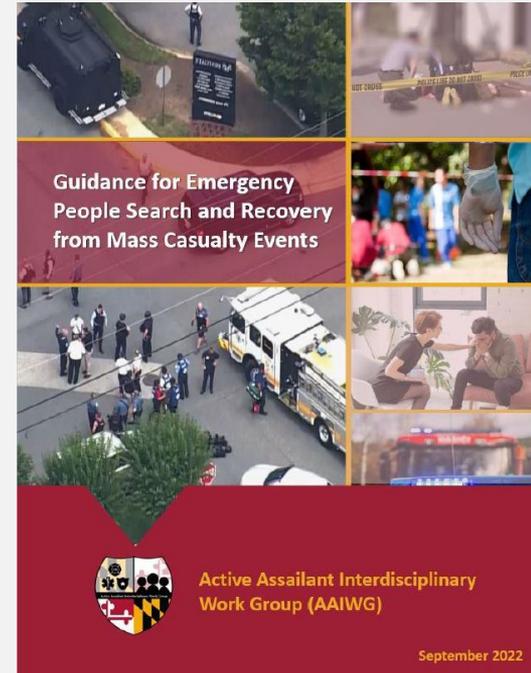
(ANNAPOLIS, MD) – On behalf of the Maryland Center for School Safety and Active Assailant Interdisciplinary Work Group for the State of Maryland, we offer our heartfelt condolences to the families and communities directly affected by the horrific events in Uvalde, Texas and Buffalo, New York, as well as those across the country who are shaken by these events in their own local communities.

In Maryland, we have been committed to working on the



Emergency People Search & Recovery

- ❖ Final review of Guidance Document in progress
- ❖ Training based on Guidance Document being developed
- ❖ Next meeting 9/28



First Responder Guidelines

- ❖ Final review of Equipment Guidance and Recommendations underway
- ❖ Working on FOG next
- ❖ Long-term goal of exercise with Emergency People Search and Recovery
- ❖ Next meeting in 11/10

EQUIPMENT GUIDANCE & RECOMMENDATIONS

17 Introduction
18 This document details the considerations first responders may make when securing personal protective
19 equipment (PPE) and medical supplies for active assailant incident response. The information contained
20 herein was compiled through various studies and documents authored by subject matter experts and
21 aims to serve as guidance and recommendations, not as prescriptive requirements for first response
22 entities.

23 Equipment and Personal Protective Equipment

24 Individual First Aid Kits (IFAK)
25 An IFAK is intended for immediate self or buddy life-saving interventions should the individual or their
26 partner be injured. All law enforcement officers (LEOs) and Emergency
27 Medical Services (EMS)/Fire/Rescue personnel should carry an IFAK for
28 all active assailant incidents. Commercial IFAKs are available for purchase
29 or may be assembled by the individual.

30 At a minimum, IFAKs should contain at least the following:

31 1. Two (2) Committee on Tactical Combat Casualty Care¹
32 (CoTCCC) recommended tourniquets for the control of
33 extremity hemorrhage

34 2. Two (2) Z-fold hemostatic dressings or other suitable
35 material for wound packing

36 3. One (1) multipurpose trauma dressing (e.g., Israeli bandage,
37 OLAES[®] bandage, H-bandage, etc.)

38 4. One (1) roller gauze for general bandaging

39 5. Two (2) vented chest seals

40 6. One (1) nasopharyngeal airway with water-
41 soluble lubricant (fitted to carrier)

42 7. One (1) trauma shear

43 8. Non-sterile gloves sized to the individual

44 9. One (1) permanent marker

45 IFAKs, as well as all other medical equipment below, should be checked monthly and the stock rotated
46 with the daily use stock on EMS units.



Figure 1. IFAK Example



Figure 2. IFAK Contents

¹ The Committee on Tactical Combat Casualty Care (CoTCCC) is the Prehospital arm of the Joint Trauma System for the Department of Defense and provides recommendations on training and equipment in the tactical environment. More information can be found at <https://jts.army.mil/index.cfm/committees/cotccc>.

May 2022 Maryland Active Assailant Interdisciplinary Interagency Work Group 2



Active Assailant Interdisciplinary Work Group

ICS Field
Operations
Guide
For Active Assailant
Incidents

September 2020



Symposium

- ❖ All speakers and panel members are confirmed
- ❖ Second marketing push happened in late August
- ❖ Registration closes on 9/15
- ❖ Next meeting: 9/16

Save the Date

2022 AAIWG Symposium

Prevention & Intervention: Pathways
to Reducing Acts of Mass Violence



When: Friday, October 14, 2022
8:00am – 3:30pm

Where: Double Tree Hotel Annapolis

Topics:

- Keynote Speaker: Peter Langman, PhD
- Panel Discussion: State and Local Efforts on Prevention and Intervention
- Panel Discussion: Grant Funding for Violence Prevention and Behavioral Threat Assessment

You must apply to attend the Symposium. Space is limited. A selection committee will ensure seat selections are made to ensure fair and adequate distribution throughout Maryland. Notifications will be made in mid-September.



Questions? Email us at aaiwg.mdem@maryland.gov

2022 AAIWG Symposium

Prevention & Intervention: Pathways
to Reducing Acts of Mass Violence



October 14, 2022
Double Tree Hotel Annapolis

7:30am Registration and Breakfast

8:30am Welcome

*Dr. Theodore Delbridge, Executive Director, MIEMSS
Colonel Woodrow "Jerry" Jones, Superintendent, Maryland State Police*

8:45am Opening Remarks

State Leadership - TBD

9:00am Keynote Presentation

Dr. Peter Langman

12:15pm Networking Lunch

1:15pm Panel Discussion: State & Local Efforts at Violence Interruption & Behavioral Health Interventions

Moderator: Dr. Scott J. Romeika
• *Sen. Katie Fry Hester, Education, Health & Environmental Affairs Committee – Maryland Senate*
• *Del. Stephanie Smith, Appropriations Committee – Maryland House of Delegates*
• *Lt. Steven Thomas, Anne Arundel County Police Department*
• *Ms. Jen Corbin, Director, Anne Arundel County Crisis Response System*

2:30pm Panel Discussion: State and Federal Grant Opportunities and Collaborative Partnerships

Moderator: Mr. Darren McGregor, MHS, MS, LCMFT, Director of the Office of Crisis and Criminal Justice Services, Maryland Behavioral Health Administration
• *Mr. Jordan Garza, Regional Prevention Coordinator, U.S. Dept. of Homeland Security – Center for Prevention Programs and Partnerships (CP3)*
• *Ms. Steffie Rapp, Program Manager – Delinquency Prevention in the Office of Justice Programs, U.S. Department of Justice*
• *Mr. Gary Richardson, Director of Grants – Governor's Office of Crime Prevention, Youth, and Victim Services*

3:30pm Closing Remarks

*Sgt. Travis Nelson, Maryland State Police
Mr. Randy Lenthicum, MIEMSS*



Questions? Email us at aaiwg.mdem@maryland.gov

Register to be
an exhibitor



Questions? Email us at aaiwg.mdem@maryland.gov



Work Session: EPS&R Guidance Document

- ❖ **Ms. Jennifer Gray, Contract Support - Tetra Tech**
- ❖ **Background/History**
 - Multiple meetings in 2018/2019/2020
 - Massive GoogleDoc
- ❖ **Things to consider/remember:**
 - Open to suggestions for changing the title
 - Cannot specifically promote a brand name
- ❖ **Feedback opportunities:**
 - Right now - speak up!
 - Via email by Friday, 9/23



Introduction

- ❖ **Purpose:** Guidance document identifying resources (human and technological) available to reconnect individuals as quickly as possible following a mass casualty incident (i.e., active assailant incident).
- ❖ **Intended Audience:** State, local, and non-governmental response teams involved in emergency people search and recovery.



Roles and Responsibilities

- ❖ **Activities fall within 5 general service areas:**
 - Incident Stabilization
 - Investigation
 - Emergency People Search and Recovery
 - Death and Serious Injury Notifications
 - Family Assistance Center

- ❖ **Primary partners with roles and responsibilities**
 - Law Enforcement
 - Public Health and Human Services
 - Schools, Hospitals, and Residential Facilities
 - Federal partners (FBI, NTSB)



Activity/Service	Description	Lead(s)
Incident Stabilization	Involves processes taken by first responders to neutralize a threat in a specific geographical area or event. May include firefighting, law enforcement response, reinforcing damaged facilities, etc.	<ul style="list-style-type: none"> ● Local Law Enforcement ● Fire ● EMS
Investigation	Involves developing reports that include incident details, data analysis, probable cause, and conclusions.	<ul style="list-style-type: none"> ● Local Law Enforcement ● Medical Examiner's Office ● NTSB*
Emergency People Search	Formerly known as <i>reunification</i> . Involves providing resources and support to reconnect individuals to their kin as quickly as possible following a disaster or incident.	<ul style="list-style-type: none"> ● Local <ul style="list-style-type: none"> ○ Law Enforcement ○ Departments of Social Services ○ Hospitals ● State <ul style="list-style-type: none"> ○ Maryland Department of Human Services ● Victim Service Professionals
Death and Serious Injury Notification	Involves the appropriate governmental authority providing vetted information about the death of an individual to their next of kin.	<ul style="list-style-type: none"> ● Law Enforcement ● Local Hospitals ● Victim Service Professionals
Family Assistance Center (FAC)	Involves activating a service hub to assist people impacted by mass casualty and mass fatality incidents.	<ul style="list-style-type: none"> ● Local <ul style="list-style-type: none"> ○ Departments of Social Services ● State <ul style="list-style-type: none"> ○ Maryland Department of Human Services ● Victim Service Professionals



Phases of a Mass Casualty Incident

❖ Phases of a Mass Casualty Incident

➤ *Phase 1: Active*

- Threat hazard is not yet neutralized

➤ *Phase 2: Stabilization*

- Threat has been neutralized and investigation/search for injured victims is ongoing

➤ *Phase 3: Recovery*

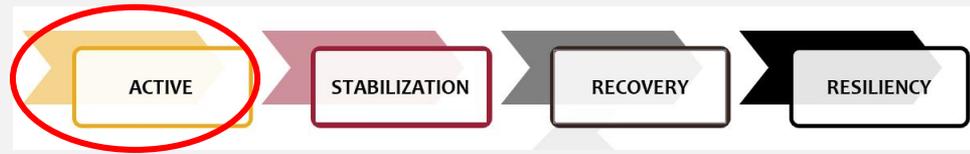
- Scene has been released by law enforcement/emergency response

➤ *Phase 4: Resiliency*

- Focus shifts to mitigating community trauma and planning for an addressing the long-term needs of victims and the community



Phase 1: Active



- ❖ Identify hot zone or danger area(s)
- ❖ Set up of evacuee holding area
- ❖ Begin death and serious injury notifications
- ❖ Develop Public Messaging Strategy and Strategic Crisis Plan
- ❖ Secure assistive technologies and/or interpretation services
- ❖ Determine needs and activate/notify emergency and non-traditional partners



Phase 2: Stabilization



- ❖ Witnesses are released from Evacuee Holding Area
- ❖ Hotline may be operationalized
- ❖ Notification and Reunification Information/Service Center set-up begins
- ❖ Non-immediate life-safety needs emerge (e.g., information needs, property concerns)
- ❖ Family/kin briefings and death and critical injury notifications ongoing
- ❖ Law enforcement interviews ongoing, with victim advocate professionals providing support before, during, and after interviews
- ❖ Victim needs being determined



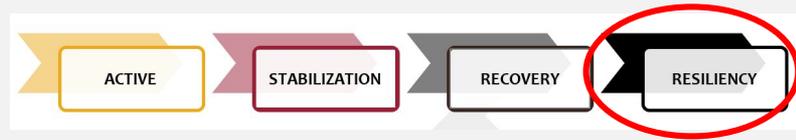
Phase 3: Recovery



- ❖ Efforts shift to focusing on impacted people's recovery needs
- ❖ May last days, weeks, or months
- ❖ Conduct needs assessment to determine resources required and identify appropriate partners to meet needs
- ❖ Develop mental health-focused crisis action plan, FAQ documents for victims and the public
- ❖ Assign appropriately trained victim service professionals to victims and their families
- ❖ Implement process for managing personal effects
- ❖ Credential volunteers and assign roles
- ❖ Set up process for donations management



Phase 4: Resilience



- ❖ Community Resiliency Center may be opened to provide ongoing services and assistance
- ❖ Consider mitigation efforts
- ❖ Longer-term recovery plans for facilities may be enacted and incident site rehabilitation may be completed
- ❖ Mental health support should still be available to the impacted community and responders



Concept of Operations

❖ Key Activities

- People and Patient Tracking
- Information Sharing
- Hotline Operations
- Service Centers and Reception Centers
- Unaccompanied Minors
- Death and Serious Injury Notifications
- Referrals and Ongoing Casework
- Financial Assistance
- Property of Impacted Individuals



People and Patient Tracking

- ❖ **People tracking** refers to the act of monitoring attendance at emergency/disaster mass care facilities, service centers, evacuation transportation services, or within the hot zone
- ❖ **Patient tracking** refers to tracking of patients as they move through the emergency medical system, including ambulance transport, hostials, and other medical centers
- ❖ Creation of Roster Lists, Fatality Lists, and Impacted People Roster assist emergency people search staff in locating evacuees/impacted people
- ❖ Various databases/tools used: CRISP, Google Documents, Cloud-Based Mapping Programs



Information Sharing

- ❖ Response partners and victims' loved ones should be provided accurate and timely information
- ❖ Death notifications should be conducted in-person
- ❖ Emergency people search workers facilitate information sharing between partners by collecting reunification information and providing to appropriate frontline responders (e.g., hospital and law enforcement staff)

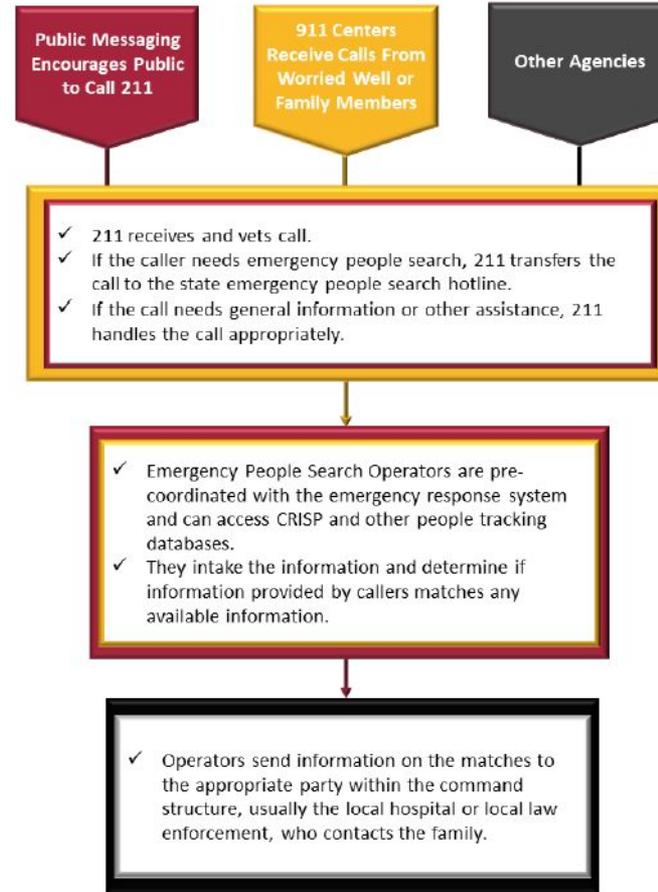


Hotline Operations

- ❖ Hotline may become necessary to accommodate information requests (i.e., people seeking information about their loved ones potentially impacted by a mass casualty incident)
- ❖ In Maryland, supported by MDHS and 211 Maryland
- ❖ Hotline intends to ease burden on the emergency dispatch system by providing referral services to callers
- ❖ Sample hotline scripts contained in the Guidance Document



Hotline Operations in Maryland



Service Centers and Reception Centers

- ❖ Various types of service centers may be operationalized based on the circumstances of the event and generally serve to:
 - Ensure impacted parties receive necessary medical care, including mental health
 - Provide up to date information, referrals, and victim assistance
 - Collect information on service gaps or outstanding assistance required



Center Type	Corresponding Phase	Lead Organization	Description of Service Center
Evacuee Holding Area	1 – Active	Law Enforcement/ Emergency Management	<ul style="list-style-type: none"> • Safe area for victims to congregate out of harm's way for medical assessment, vetting of immediate critical needs, and/or initial interview by law enforcement.
Early Response Service Center	2 – Stabilization	Law Enforcement/Emergency Management	<ul style="list-style-type: none"> • Also referred to as a <i>Notification and Reunification Center</i> or a <i>Friends and Family Center</i>. • Provides support to meet immediate, basic needs, such as food, water, shelter, mental health support, and connecting impacted individuals with their loved ones.
Family Assistance Center	3 – Recovery	Human Services Organization	<ul style="list-style-type: none"> • Provides services which assist impacted people, including victims and family members, in a safe and secure location where sensitive information can be shared with people impacted by the event. • Critical FAC services include but are not limited to: <ul style="list-style-type: none"> ○ Victim identification services ○ Victim assistance ○ Family briefings ○ Emotional and spiritual care
Community Resiliency Center	4 – Resiliency	Victim Service Professionals and/or Faith-Based, Community Service, and Social Services Organizations	<ul style="list-style-type: none"> • Addresses secondary and vicarious trauma. • Provides ongoing case/investigation information in coordination with law enforcement and prosecutor's office. • Provides ongoing services to victims and assistance to victims, their loved ones, first responders, and community members. • Provides specialized resources, organizes funerals and annual memorial, and assigns victim service professionals to families.



Unaccompanied Minors

- ❖ Jurisdictional policies and authorities in place to address unaccompanied minors through law enforcement and social services systems should be followed regardless of incident type
- ❖ Report all unaccompanied children to the EOC and the National Center for Missing and Exploited Children (NCMEC)
- ❖ Complete the American Red Cross' *Unaccompanied Minor and Separated Child Report Form*



Death Notifications

- ❖ Lead organizations may utilize trained victim service professionals to support before/during/after death notifications
- ❖ May be situations during which death notifications of foreign nationals must be made by contacting the victims' country of origin embassy and the Department of State



Death Notif. Lead by Scenario

Identity	Scenario Disposition	Lead Organization
Known	Transported to hospital and dies	Hospital staff, in coordination with law enforcement
Unknown	Transported to hospital and dies	Hospital staff, in coordination with law enforcement (after verification of identity)
Known	Transported to morgue/OCME	Coordinated by the hospital and/or may be provided by law enforcement
Unknown	Transported to morgue/OCME	After investigation determining identity, death notification provided by law enforcement
Known or Unknown Bodily Remains	Transport to morgue/OCME	If a terrorist act, the FBI works in conjunction with other federal agencies and state and local law enforcement to investigate the incident and provide death notification



Referrals and Ongoing Casework

- ❖ Differ from traditional social services and may be provided by non-professionals, such as trained volunteers, disaster caseworkers, and/or victim service professionals
- ❖ Staff provide referrals to services/assistance available and a consistent point of contact for the impacted population during the recovery phase
- ❖ As resources become available, caseworkers ensure the impacted population is aware and assist with connecting to the service



Financial Assistance

❖ State and Local:

- Following mass violence or domestic terrorism incident, Antiterrorism and Emergency Assistance Program (AEAP) grant funding may be made available through the Office of Victims of Crime (OVC) to help jurisdictions respond to victims' immediate and ongoing needs
- OVC coordinates with the State Victims of Crime Act (VOCA) Administrator to discuss scope of needs and identify available resources
- Only one AEAP award per incident is made



Financial Assistance

❖ Victims:

- Maryland Criminal Injuries Compensation Board (CICB) provides assistance to victims of crime in Maryland
- Losses as a result of victimization may be reimbursed by CICB, including:
 - Medical/dental expenses
 - Psychological counseling
 - Lost wages or disability
 - Crime scene cleanup
 - Funeral costs
 - Loss of support
- Public may donate directly to victims via the National Compassion Fund (NCF)



Property of Impacted Individuals

- ❖ Based on the incident type and jurisdictional policies, law enforcement, local planning and zoning, emergency management, or operational staff within facilities may have plans in place for returning property to impacted people
- ❖ Proper procedures for managing the personal property of deceased people is detailed in COMAR, Title 5, Subtitle 3



Mental Health Support

- ❖ Should be made available to both impacted population and responders as early in the response as possible
- ❖ Mental health support provided by various non-profit organizations, trained crisis response/mental health responders and teams, victim service professionals, and other community-based programs
- ❖ Staff with response roles should be trained in emergency response-focused mental health practices (e.g., CISM, psychological first aid)
- ❖ Resources can be requested through local volunteer corps or the state resource request process (MJOC & WebEOC)



Appendices

- ❖ Definitions and Acronyms
- ❖ Hotline Scripts
- ❖ Forms
 - Unaccompanied Minor Release Form
 - Privacy Waiver Authorizing Disclosure to a Third Party
 - Child Identification Checklist/SOP
- ❖ CISM Strategic Crisis Action Plan
- ❖ Plan Activation Process
- ❖ Victims' Rights
- ❖ Resources and Training



Feedback

- ❖ Questions/comments?
- ❖ Any suggestions for a new document title?
- ❖ Please submit feedback via email to aaiwg.mdem@maryland.gov by Friday, September 23.



Subcommittee Reorganization

- ❖ **Sgt. Travis Nelson, Co-Chair, MD AAIWG**
- ❖ **Mr. Randy Linthicum, Co-Chair, MD AAIWG**
 - Combination of Community Outreach and Website subcommittees



MCAC Briefing: Houston Incident

- ❖ Ms. Ariana Shockley, MCAC
 - *See slides*



Nomination for Fire/EMS Vacancy

- ❖ **Sgt. Travis Nelson, Co-Chair, MD AAIWG**
- ❖ **Mr. Randy Linthicum, Co-Chair, MD AAIWG**
- ❖ **Ms. Dawn Luedtke, Legal Counsel**
 - Fire/EMS representative from Southern/Eastern Region



Creation of Statewide Distro List

- ❖ **Sgt. Travis Nelson, Co-Chair, MD AAIWG**
- ❖ **Mr. Randy Linthicum, Co-Chair, MD AAIWG**
 - Gauge interest in developing a statewide distribution list for those involved in active assailant preparedness efforts to share information, training opportunities, etc.



Member Roundtable Discussion

Discussion of items of interest or concern from any voting member.



Action Item Review

- ❖ Sgt. Travis Nelson, Co-Chair, MD AAIWG
- ❖ Mr. Randy Linthicum, Co-Chair, MD AAIWG



Closing Remarks

- ❖ Sgt. Travis Nelson, Co-Chair, MD AAIWG
- ❖ Mr. Randy Linthicum, Co-Chair, MD AAIWG



Adjourn

aaiwg.mdem@maryland.gov

